

- ical office systems to ensure that the American Diabetes Association guidelines are followed to identify those at risk for diabetes and reduce the complications associated with the disease.
- Support efforts to improve the quality of outpatient care for diabetes through the N.C. Chronic Disease Collaborative.
- Support efforts to increase the affordability and accessibility of prescription medications and glucose self-monitoring devices to manage high blood glucose.
- Raise awareness among people with diabetes of their increased risk for cardiovascular disease.

Heart Attack and Cardiac Arrest: Response and Management

- Raise awareness of the warning signs of heart attack and the need to call 911 when they occur.
- Increase placement of Automatic External Defibrillators (AEDs) and training on their use in public buildings.
- Increase opportunities for CPR training and certification in worksites and public settings.
- Support hospitals in participating in the American Heart Association's Get with the Guidelines for Coronary Artery Disease.
- Work to increase access to cardiac rehabilitation services and explore utilization of cardiac rehab services and resources for those at high risk.

Stroke

- Raise awareness of the burden and preventability of stroke in North Carolina especially in the "buckle" of the Stroke Belt.
- Raise awareness of the warning signs of stroke and the need to call 911 when they occur.
- Work to enhance systems for emergency response to stroke through policy change and professional education (911, EMS, emergency departments, N.C. Rapid Response to Stroke).
- Implement the North Carolina Collaborative Acute Stroke Registry to monitor and improve the delivery of acute stroke care and secondary prevention of stroke.
- Improve access to rehabilitation services.

The toll of premature CVD is heavy among North Carolinians. Successful completion of the actions highlighted will require the support of health care and public health professionals and community members.

Many organizations and agencies have already committed to creating an environment that supports cardiovascular health and prevents cardiovascular disease in North Carolina. This state plan sets a course for further reducing the CVD burden in our state. The actions

and strategies described in this plan, when delivered through multiple community settings and sustained with leadership and resources, will improve the risk factor profile of the state. By reducing the barriers to positive lifestyle changes, and by improving the quality of health care in the early detection and management of CVD risk factors and events, the health of the entire community will begin to improve. The Task Force and its many partners have accepted this daunting challenge.

Summary

1. Heraclitus, a Greek philosopher (540 BC–480 BC), from *Diogenes Laertius, Lives of Eminent Philosophers*.
2. Casper ML, Barnett E, Halverson JA, et al. *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*, Second Edition. Morgantown, WV: Office for Social Environment and Health Research, West Virginia University, 2000.

References